PTO/SB/17 (06-07)

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Effective on 12/08/2004.  R pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
EEE TO			_ 1	Application Numb		09/500,094		
FEE TRA			┗▐	Filing Date		February 8,	2000	
For	FY 20	007		First Named Inve	entor	Russel D. L	eatherman	
Applicant claims small e	ntity status	See 37 CFR 1 27	-L	Examiner Name		Havan, Thu	Thao	
Applicant claims small entity status. See 37 CFR 1.27			—[	Art Unit		3691		
TOTAL AMOUNT OF PAYM	ENT (\$)	910		Attorney Docket	No.	19860/09057		
METHOD OF PAYMENT (check all that apply)								
XX Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-1196 Deposit Account Name: Nelson Mullins et al.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee								
▼▼ Charge any additional fee(s) or underpayments of fee(s) ▼▼ Credit any overpayments								
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES								
A	S	mall Entity		<b>Small Entity</b>		INATION FEES Small Entity		
Application Type	Fee (\$)		Fee (\$)		Fee (	\$) Fee (\$)	Fees Paid (\$)	
Utility	300		500	250	200	100		
Design	200		100	50	130	65		
Plant	200		300	150	160	80	<del></del>	
Reissue	300	- '	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description	i					Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues) 50 2								
Each independent clain		ncluding Reissues	s)			200	100	
Multiple dependent claims 360						180		
<u>Total Claims</u> <u>E</u> - 20 or HP =	xtra Claim	<u>is Fee(\$)</u> x =	<u> </u>	Paid (\$)		<u>Multiple De</u> <u>Fee (\$)</u>	pendent Claims Fee Paid (\$)	
HP = highest number of total cl		, if greater than 20.				- 00 141	1.00.1 010 (9)	
Indep. Claims E	xtra Claim	<u>s Fee (\$)</u> x =		Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =								
A OTHER PERSON								
						<u>Fees Paid (\$)</u> 120		
Other RCE filing fee								
SUBMITTED BY	1 14	^^						

SUBMITTED BY	11+1		
Signature	(lough, telle	Registration No. 35,218 (Attorney/Agent)	Telephone 803-255-9382
Name (Print/Type)	Craig N. Killen		Date Oct. 12, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.